

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street)

2021 Massachusetts Avenue, NW

Check if different
than previously
reported. (ACC)

Washington

DC

20036

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00411553

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Quarterly Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

09

01

2008

through

09

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Randell K. Wexler, MD

Signature of Treasurer

Electronically Filed by Randell K. Wexler, MD

Date

10

20

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	9	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		235731.96
(b) Cash on Hand at Beginning of Reporting Period	228122.70	
(c) Total Receipts (from Line 19)	75709.13	392136.93
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	303831.83	627868.89
7. Total Disbursements (from Line 31)	57681.13	381718.19
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	246150.70	246150.70
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	9	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	50008.69	235224.51
(i) Itemized (use Schedule A)	24787.79	152300.30
(ii) Unitemized	74796.48	387524.81
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	74796.48	387524.81
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	912.65	4612.12
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	75709.13	392136.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	75709.13	392136.93

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	739.20	5276.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	739.20	5276.26
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	56500.00	376000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	441.93	441.93
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	57681.13	381718.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	57681.13	381718.19

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	74796.48	387524.81
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	74796.48	387524.81
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	739.20	5276.26
37. Offsets to Operating Expenditures (from Line 15, page 3)	912.65	4612.12
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-173.45	664.14

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Patricia Park Ahlen, MD

Mailing Address 2280 Marcola Rd

City

Springfield

State

OR

Zip Code

97477-2594

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: C503099

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Timothy J Alford, MD

Mailing Address Kosciusko Medical Clinic
332 Highway 12 W

City

Kosciusko

State

MS

Zip Code

39090-3209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kosciusko Medical Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: C503100

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Suzanne M Allen, MD

Mailing Address WWAMI Idaho
777 N Raymond St

City

Boise

State

ID

Zip Code

83704-9251

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Washington
School of Med

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: C503072

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1165.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Julie Anderson

Mailing Address 2248 Chelmsford Ln

City

Saint Cloud

State

MN

Zip Code

56301-9012

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Cloud Medical Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: C503087

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

David W Ashley, MD

Mailing Address 145 Gilbert Stuart Rd

City

Saunderstown

State

RI

Zip Code

02874-2509

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Family Medicine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: C503067

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Jennifer Bacani, MD

Mailing Address 116 S Pinecrest St

City

Wichita

State

KS

Zip Code

67218-1617

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wichita Center for Graduate Medical Ed

Occupation
Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: C503121

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Justin V Bartos, MD

Mailing Address 4351 Booth Calloway Rd Ste 101

City

North Richland Hil

State

TX

Zip Code

76180-7319

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Hills Family Medici-
ne

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 9 / 2 0 0 8

Transaction ID: C501035

Amount of Each Receipt this Period

56.00

B.

Full Name (Last, First, Middle Initial)

Ryan Bartz, DO

Mailing Address 213 Franklin St
294 Summar Dr

City

Selmer

State

TN

Zip Code

38375-1530

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Tennessee -
Prime Care

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 8

Transaction ID: C494393

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Mark Harris Belfer, DO

Mailing Address Partners Physician Group
3428 W Market St Ste 103

City

Fairlawn

State

OH

Zip Code

44333-3339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Akron General Medical Cen-
ter

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.44

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 9 / 2 0 0 8

Transaction ID: C501039

Amount of Each Receipt this Period

33.18

SUBTOTAL of Receipts This Page (optional)

454.18

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Debra Ann Bell, MD

Mailing Address 1001 S George St

City

York

State

PA

Zip Code

17405-7198

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellspan Medical Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 9 / 2 0 0 8

Transaction ID: C501044

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Vicki M Bertka, MD

Mailing Address 8533 Castle Oaks PI

City

Holland

State

OH

Zip Code

43528-9231

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hospice of Northwest Ohio

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 8

Transaction ID: C497238

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Heidi M Bittner, MD

Mailing Address 304 15th Ave SE
PO Box 9037

City

Devils Lake

State

ND

Zip Code

58301-2719

FEC ID number of contributing
federal political committee.

C

Name of Employer
Altru Clinic Lake region

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 8

Transaction ID: C502418

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

915.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Thaddeus Michael Bort, MD

Mailing Address 6331 Glenway Ave

City

Cincinnati

State

OH

Zip Code

45211-6301

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Family Medical Group

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 9 / 2 0 0 8

Transaction ID: C502050

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Robert C M Bourne, MD

Mailing Address Beaver Med Cln Inc
1300 E Cooley Dr

City

Colton

State

CA

Zip Code

92324-3905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beaver Medical Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 9 / 2 0 0 8

Transaction ID: C501045

Amount of Each Receipt this Period

62.00

C.

Full Name (Last, First, Middle Initial)

Karen Brenke

Mailing Address Exec Vice Pres - MassAFP
100 Cummings Ctr Ste 325C

City

Beverly

State

MA

Zip Code

01915

FEC ID number of contributing
federal political committee.

C

Name of Employer
Massachusetts Academy of
Family Physic

Occupation
Chapter Exec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 8

Transaction ID: C502415

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

812.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Neil Hurst Brooks, MD

Mailing Address 36 Duncaster Lane

City

Vernon Rockville

State

CT

Zip Code

06066-4830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 8

Transaction ID: C503357

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ellen Sandra Brull, MD

Mailing Address 830 Arbor Ln

City

Glenview

State

IL

Zip Code

60025-3234

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Medicine Associates
of Lutheran

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: C502759

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Jacob Bryan

Mailing Address 5430 Baneberry Ave

City

Columbus

State

OH

Zip Code

43235-7397

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio State University

Occupation
Medical Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: C503137

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John R Bucholtz, DO

Mailing Address 6378 Cape Cod Dr

City

Columbus

State

GA

Zip Code

31904-2916

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbus Regional Healthc-
are System

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: C503127

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Gerald William Cahill, MD

Mailing Address 23 4th St # 1

City

Malone

State

NY

Zip Code

12953-1331

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 0 / 2 0 0 8

Transaction ID: C502079

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

David Adam Carlyle, MD

Mailing Address PO Box 3014

City

Ames

State

IA

Zip Code

50010-3014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Medicine East

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 8

Transaction ID: C502362

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

3115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kenneth Keith Carrell, MD

Mailing Address 1115 1st Ave S

City

Payette

State

ID

Zip Code

83661-2810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valley Family Health

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: C502678

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Josiah F K Carroll, Jr

Mailing Address 3651 1st St

City

East Moline

State

IL

Zip Code

61244-3321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis Health Group

Occupation
Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 8

Transaction ID: C500993

Amount of Each Receipt this Period

115.00

C.

Full Name (Last, First, Middle Initial)

Brian Clifford Carty, MD

Mailing Address 6215 Windham Hill Run

City

Kingstowne

State

VA

Zip Code

22315-3725

FEC ID number of contributing
federal political committee.

C

Name of Employer
Telegraph Corner Family
Medicine, PC

Occupation
Physician-Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 9 / 2 0 0 8

Transaction ID: C502047

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

845.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Denis E Chagnon, MD

Mailing Address 383 Vly Rd

City

Schenectady

State

NY

Zip Code

12309-1922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Community Care Physicians

Occupation

Family Physicians

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 8

Transaction ID: C501004

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Miriam M Chang, MD

Mailing Address 46-057 Heeia St

City

Kaneohe

State

HI

Zip Code

96744-3602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 8

Transaction ID: C502367

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Barton A Chase, III

Mailing Address 3856 Highway 57 West
PO Box 99

City

Ramer

State

TN

Zip Code

38367-0099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ramer Family Health Center

Occupation

Physician/Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 7 / 2 0 0 8

Transaction ID: C495112

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Francis Nien Yuen Chu, MD

Mailing Address 10800 Magnolia Ave # 3F

City

Riverside

State

CA

Zip Code

92505-3043

FEC ID number of contributing
federal political committee.

C

Name of Employer
SCPMG

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 9 / 2 0 0 8

Transaction ID: C501046

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Edmund Claxton, MD

Mailing Address CMMC Fam Med Res
76 High St

City

Lewiston

State

ME

Zip Code

04240-7649

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Maine Medical Cen-
ter

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.15

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 9 / 2 0 0 8

Transaction ID: C501047

Amount of Each Receipt this Period

45.63

C.

Full Name (Last, First, Middle Initial)

Steven A Crawford, MD

Mailing Address Dept Of Family & Prev Medicine
900 NE 10th St

City

Oklahoma City

State

OK

Zip Code

73104-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Oklahoma

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 9 / 2 0 0 8

Transaction ID: C501050

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

270.63

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 66

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Manuel O Crespo, DO

Mailing Address 14575 S Bryant Ave

City

Edmond

State

OK

Zip Code

73034-8139

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vital Inpatient Physician
ServicesOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.15

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	9	/	2	0	0	8

Transaction ID: C501053

Amount of Each Receipt this Period

45.63

B.

Full Name (Last, First, Middle Initial)

Mary Margaret Crestani, MD

Mailing Address UAB Regional Medical Campus
301 Governors Dr SW

City

Huntsville

State

AL

Zip Code

35801-5123

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ. of AL Sch of Med -
Huntsville ReOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.15

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	9	/	2	0	0	8

Transaction ID: C501057

Amount of Each Receipt this Period

45.63

C.

Full Name (Last, First, Middle Initial)

Mark A Crissman, MD

Mailing Address 214 E Elm St

City

Graham

State

NC

Zip Code

27253-3022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crissman Family PracticeOccupation
Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	4	/	2	0	0	8

Transaction ID: C502677

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

591.26

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John M Croci, MD

Mailing Address 5705 Monclova Rd
Fort Miami Medical Center

City State Zip Code
Maumee OH 43537-1875

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fallen Timbers Family Phy-
sicians

Occupation
Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 8

Transaction ID: C502121

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

John S Cullen, MD

Mailing Address PO Box 2504

City State Zip Code
Valdez AK 99686-2504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: C503120

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

John Howard Darnell, Jr

Mailing Address Family Medicine Center PLLC
PO Box 987

City State Zip Code
Flatwoods KY 41139-0987

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Medicine Center,
PLLC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 9 / 2 0 0 8

Transaction ID: C501058

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional)

699.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jose M David, MD

Mailing Address 804 Huntington Ct

City

Albany

State

NY

Zip Code

12203-6015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prime Care Physicians

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3125.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 9 / 2 0 0 8

Transaction ID: C501059

Amount of Each Receipt this Period

625.00

B.

Full Name (Last, First, Middle Initial)

Jason B Dees, MD

Mailing Address 620 W Longview Dr

City

New Albany

State

MS

Zip Code

38652-2415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 8

Transaction ID: C502404

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Rodney Mark Dixon, MD

Mailing Address PO Box 1127

City

El Dorado

State

AR

Zip Code

71731-1127

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 8

Transaction ID: C502428

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1525.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 19 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

L Allen Dobson, MD

Mailing Address Cabarrus Family Medicine

270 Copperfield Blvd NE # 202

City

State

Zip Code

Concord

NC

28025-2400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cabarrus Family Medicine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: C503081

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Michael J Doyle, MD

Mailing Address At Green Grove Rd

3436 State Route 66

City

State

Zip Code

Neptune

NJ

07753-2708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 8

Transaction ID: C494379

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

David C Eitrheim, MD

Mailing Address Medical Center Inc

2321 Stout Rd

City

State

Zip Code

Menomonie

WI

54751-7003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Red Cedar Medical Center -
Mayo Health

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 2 / 2 0 0 8

Transaction ID: C497250

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael Philip Elston, MD

Mailing Address 8304 Pioneer Cir
529 Kansas City St Ste 200

City State Zip Code
Rapid City SD 57702-9175

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western Health

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 9 / 2 0 0 8

Transaction ID: C501063

Amount of Each Receipt this Period

73.00

B.

Full Name (Last, First, Middle Initial)

Kurtis S Elward, MD

Mailing Address 1082 Still Meadow Xing

City State Zip Code
Charlottesville VA 22901-6206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Medicine of Albema-
rle

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: C503049

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Jay S Erickson, MD

Mailing Address Glacier Medical Assoc
1111 Baker Ave

City State Zip Code
Whitefish MT 59937-2905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Glacier Medical Associates

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 0 8

Transaction ID: C495113

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

803.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Sarah Jane Fessler, MD

Mailing Address 44 Riverside Dr

City

Riverside

State

RI

Zip Code

02915-4717

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Bay Community Action
Program

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: C503066

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Wanda D Filer, MD

Mailing Address 510 Aqua Ct

City

York

State

PA

Zip Code

17403-3623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Strategic Health Institute

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 8

Transaction ID: C502973

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

Leonard Martin Finn, MD

Mailing Address 42 Grasmere Rd

City

Needham

State

MA

Zip Code

02494-1806

FEC ID number of contributing
federal political committee.

C

Name of Employer
Needham Family Practice
Assoc., PC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: C503193

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1980.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David C Flinders, MD

Mailing Address Utah Valley Family Medicine
475 W 940 N

City State Zip Code
Provo UT 84604-3301

FEC ID number of contributing
federal political committee.

C

Name of Employer
IHC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: C503055

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Patricia Fontaine, MD

Mailing Address UMN DFMCH
717 Delaware St SE Rm 454

City State Zip Code
Minneapolis MN 55414-2959

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Minnesota

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: C503187

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Jennifer Emma Frank, MD

Mailing Address Family Medicine
1380 Lusitana St Ste 904

City State Zip Code
Honolulu HI 96813-2448

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Hawaii

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: C503126

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Edward M Friedler, MD

Mailing Address 4905 Tarheel Way

City

Annandale

State

VA

Zip Code

22003-4460

FEC ID number of contributing
federal political committee.

C

Name of Employer
Annandale Family Medicine
PC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: C495077

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Michelle H Gardner, MD

Mailing Address 315 E Elm St Ste 100

City

Caldwell

State

ID

Zip Code

83605-4858

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Al's Medical Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: C503198

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Elizabeth Ann Garrett, MD

Mailing Address Family and Community Medicine
DC03200

City

Columbia

State

MO

Zip Code

65212-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of MO - Colum-
bia

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: C503180

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Randall David Gehle, DO

Mailing Address 105 Elm St
PO Box 490

City State Zip Code
Mc Adenville NC 28101-0490

FEC ID number of contributing
federal political committee.

C

Name of Employer
Caromont Family Medicine
Lo-Mac

Occupation
Family Medicine

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 9 / 2 0 0 8

Transaction ID: C501451

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Chet M Gentry, MD

Mailing Address 593 E 3rd St

City State Zip Code
Cookeville TN 38501-2703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cumberland Family Care,
PC

Occupation
Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: C503252

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Melvin D Gerald, MD

Mailing Address 11403 Dundee Dr

City State Zip Code
Mitchellville MD 20721-2421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: C503228

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 66

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Robert Lee Giffin, MD

Mailing Address 1901 Mission 66

City

Vicksburg

State

MS

Zip Code

39180-3711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mission Primary Care Clin-
icOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	8

Transaction ID: C500921

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Roland Adolph Goertz, MD

Mailing Address 1600 Providence Dr

City

Waco

State

TX

Zip Code

76707-2261

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Practice CenterOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1925.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	0	8

Transaction ID: C501458

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Roland Adolph Goertz, MD

Mailing Address 1600 Providence Dr

City

Waco

State

TX

Zip Code

76707-2261

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Practice CenterOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1925.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	8

Transaction ID: C502845

Amount of Each Receipt this Period

1025.00

SUBTOTAL of Receipts This Page (optional)

1625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Gary B Grandle, MD

Mailing Address 9721 Lakeland Rd

City

Oklahoma City

State

OK

Zip Code

73162-7436

FEC ID number of contributing
federal political committee.

C

Name of Employer
FGMA

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 8

Transaction ID: C497108

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Boyde Jerome Harrison, MD

Mailing Address PO Box 655
904 26th St

City

Haleyville

State

AL

Zip Code

35565-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: C503132

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Pamela J Heilman, MD

Mailing Address 7500 Paoli Rd

City

Verona

State

WI

Zip Code

53593-9382

FEC ID number of contributing
federal political committee.

C

Name of Employer
Group Health Cooperative
of South Cent

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: C503077

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1165.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Daniel J Heinemann, MD

Mailing Address 1305 W 18th St
PO Box 5039

City State Zip Code
Sioux Falls SD 57117-5039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sioux Valley Health Systems

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 9 / 2 0 0 8

Transaction ID: C501467

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Robert Henry, Jr

Mailing Address 4402 Elf Trl

City State Zip Code
Belton TX 76513-7241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scott & White Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 2 / 2 0 0 8

Transaction ID: C497225

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Joseph Shelby Hensley, MD

Mailing Address 855 Summertown Hwy
PO Box 383

City State Zip Code
Hohenwald TN 38462-5707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 8

Transaction ID: C494394

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David J Hoelting, MD

Mailing Address 100 ValleyView Dr
100 ValleyView Dr

City State Zip Code
Pender NE 68047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Medical Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: C495073

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dwight D Hood, MD

Mailing Address 509 N Gardner Ave

City State Zip Code
Lubbock TX 79416-3333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Physicians Network Service

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 8

Transaction ID: C502339

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Beulette Y Hooks, MD

Mailing Address 7286 E Wynfield Loop

City State Zip Code
Midland GA 31820-3925

FEC ID number of contributing
federal political committee.

C

Name of Employer
Department of Defense-Mar-
tin Army Comm

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: C503203

Amount of Each Receipt this Period

165.00

SUBTOTAL of Receipts This Page (optional)

1530.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Carol Ann Johnson, MD

Mailing Address 5303 E 46th St N

City

Wichita

State

KS

Zip Code

67220-1400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emergency Services of Kan-
sas

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 8

Transaction ID: C502407

Amount of Each Receipt this Period

366.00

B.

Full Name (Last, First, Middle Initial)

James G Jones, MD

Mailing Address 111 Coastal Bluffs Ct

City

Hampstead

State

NC

Zip Code

28443-8463

FEC ID number of contributing
federal political committee.

C

Name of Employer
Black River Health Associ-
ates

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: C503095

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Larry H Kagan, MD

Mailing Address 5249 Rolleston Dr

City

Virginia Beach

State

VA

Zip Code

23464-2542

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indian River Family Pract-
ice

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 8

Transaction ID: C503366

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

816.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Christina Marie Kelly, MD

Mailing Address 6502 62nd Street Ct W

City

University Place

State

WA

Zip Code

98467-4954

FEC ID number of contributing
federal political committee.

C

Name of Employer
Multicare

Occupation

Resident Family Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.15

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 9 / 2 0 0 8

Transaction ID: C501558

Amount of Each Receipt this Period

45.63

B.

Full Name (Last, First, Middle Initial)

Diana M King, MD

Mailing Address 4410 S 272nd St

City

Kent

State

WA

Zip Code

98032-7215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Multicare Health Systems

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 8

Transaction ID: C500996

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Donald R Klitgaard, MD

Mailing Address 1220 Chatburn Ave

City

Harlan

State

IA

Zip Code

51537-2009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mystic Medical Center

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 9 / 2 0 0 8

Transaction ID: C501602

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

660.63

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

William Eric Kobler, MD

Mailing Address 6729 Millbrook Dr

City

Rockford

State

IL

Zip Code

61108-4310

FEC ID number of contributing
federal political committee.

C

Name of Employer
OSF Healthcare Systems

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 8

Transaction ID: C502348

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Russell Wade Kohl, MD

Mailing Address 113 Park Ter

City

Vinita

State

OK

Zip Code

74301-2717

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: C495067

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Carol A La Croix, MD

Mailing Address 6623 Glenwood Rd

City

Omaha

State

NE

Zip Code

68132-1123

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNMC Physicians

Occupation
Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: C503142

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kent Alan Lee, MD

Mailing Address 1128 W Mississippi Ave

City

Chattanooga

State

TN

Zip Code

37405-2862

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Tennessee,
College of Me

Occupation

Asst. Professor, Family Medicine

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 8

Transaction ID: C494268

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Paula Leonard-Schwartz, MD

Mailing Address 121 Madeline Rd

City

Manchester

State

NH

Zip Code

03104-2017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catholic Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: C503085

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Jonathan S Lindgren, MD

Mailing Address 1807 NE 52nd Ave

City

Portland

State

OR

Zip Code

97213-2729

FEC ID number of contributing
federal political committee.

C

Name of Employer
Providence Health Systems

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: C502752

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Susan Shore Lowry, MD

Mailing Address 117 Kennedy Dr

City

Martin

State

TN

Zip Code

38237-3309

FEC ID number of contributing
federal political committee.

C

Name of Employer
Martin Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: C504203

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

David Ashley Lynch, MD

Mailing Address 120 N Shore Dr

City

Bellingham

State

WA

Zip Code

98226-4425

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Care Network

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 8

Transaction ID: C496676

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Leah R Mabry, MD

Mailing Address 339 S Presa St

City

San Antonio

State

TX

Zip Code

78205-3425

FEC ID number of contributing
federal political committee.

C

Name of Employer
Christus Health Care

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 9 / 2 0 0 8

Transaction ID: C501052

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

965.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Robert C Marshall, MD

Mailing Address 6032 Archstone Ct Apt 303
Apt 33

City State Zip Code
Alexandria VA 22310-5548

FEC ID number of contributing
federal political committee.

C

Name of Employer
US Navy

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 9 / 2 0 0 8

Transaction ID: C501605

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Gene C McColgin, MD

Mailing Address 1605 Black Sands Way

City State Zip Code
Tillamook OR 97141

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tillamook Emergency Services

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 8

Transaction ID: C503007

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Mark A McLoney, MD

Mailing Address 398 W Bagley Rd Ste 1

City State Zip Code
Berea OH 44017-1312

FEC ID number of contributing
federal political committee.

C

Name of Employer
Premier Physicians Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 8

Transaction ID: C502356

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

830.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David S Meyers, MD

Mailing Address 214 Hodges Ln

City

Takoma Park

State

MD

Zip Code

20912-4228

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dept. of Health and Human
Svcs.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: C503114

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Kevin P Mikus, MD

Mailing Address Matthews Primary Care
2407 Plantation Center Dr

City

Matthews

State

NC

Zip Code

28105-5418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crown Health Care

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.46

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 9 / 2 0 0 8

Transaction ID: C501702

Amount of Each Receipt this Period

90.91

C.

Full Name (Last, First, Middle Initial)

Gary Donald Miller, MD

Mailing Address 920 Ridgecrest Rd

City

Orlando

State

FL

Zip Code

32806-6341

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vitos

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: C495079

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

705.91

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Walter W Mills, MD

Mailing Address 3820 Sedgemoore Dr

City

Santa Rosa

State

CA

Zip Code

95404-7619

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: C502840

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Albert D Mims, MD

Mailing Address 200 Dogwood Ln

City

Lake City

State

SC

Zip Code

29560-4007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake City Community Hospi-
tal

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: C503063

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Elisabeth Fowlie Mock, MD

Mailing Address 46 Clark Hill Rd
915 Union St Ste 4

City

Holden

State

ME

Zip Code

04429-7253

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Maine Medical Cen-
ter

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 8

Transaction ID: C502419

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Elisabeth B Nadler, MD

Mailing Address 2800 Dekalb St

City

Durham

State

NC

Zip Code

27705-5602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Duke University Medical
Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 8

Transaction ID: C494375

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Cheyn D Onarecker, MD

Mailing Address 608 NW 9th St Ste 1000
Ste 1000

City

Oklahoma City

State

OK

Zip Code

73102-1014

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Anthony Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: C503138

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Yvette Oquendo, MD

Mailing Address 7442 Weather Worn Way

City

Columbia

State

MD

Zip Code

21046-1480

FEC ID number of contributing
federal political committee.

C

Name of Employer
Potomac Physicians, PA

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 9 / 2 0 0 8

Transaction ID: C501708

Amount of Each Receipt this Period

36.50

SUBTOTAL of Receipts This Page (optional)

766.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Javette C Orgain, MD

Mailing Address PO Box 806527

City

Chicago

State

IL

Zip Code

60680-4126

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Illinois

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 9 / 2 0 0 8

Transaction ID: C501725

Amount of Each Receipt this Period

65.00

B.

Full Name (Last, First, Middle Initial)

Christine A Petty, MD

Mailing Address 2 White Oak Dr

City

Coal Valley

State

IL

Zip Code

61240-9571

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dean Health Plan

Occupation
VP Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 9 / 2 0 0 8

Transaction ID: C501701

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Gary Michael Plant, MD

Mailing Address 76 NE 12th St

City

Madras

State

OR

Zip Code

97741-1827

FEC ID number of contributing
federal political committee.

C

Name of Employer
Madras Medical Group

Occupation
Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 8

Transaction ID: C503352

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

680.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Roberto G Quizon, MD

Mailing Address 18041 Greenfield Rd

City

Detroit

State

MI

Zip Code

48235-3120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Green Cross Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 9 / 2 0 0 8

Transaction ID: C501801

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

William E Raduege, MD

Mailing Address PO Box 1387

City

Woodruff

State

WI

Zip Code

54568-1387

FEC ID number of contributing
federal political committee.

C

Name of Employer
William E Raduege, MD, SC
(Corporation)

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 8

Transaction ID: C502416

Amount of Each Receipt this Period

135.00

C.

Full Name (Last, First, Middle Initial)

Richard L Rajewski, MD

Mailing Address Hays Family Medicine
2509 Canterbury Dr

City

Hays

State

KS

Zip Code

67601-2294

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hays Family Practice

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 0 8

Transaction ID: C495150

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

415.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Adrian Eric Ramos, MD

Mailing Address 1108 Ward Ave Bldg A
1448 Florida Ave

City State Zip Code
Patterson CA 95363-8529

FEC ID number of contributing
federal political committee.

C

Name of Employer
Del Puerto Health Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: C503130

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Paul J Reiss, MD

Mailing Address 17 Lyman Drive

City State Zip Code
Williston VT 05495-9701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Evergreen Family Health

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: C503050

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Elisabeth L Righter, MD

Mailing Address UW Hth Fox Vly Fam Medicine
229 S Morrison St

City State Zip Code
Appleton WI 54911-5725

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kettering Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 8

Transaction ID: C502971

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Wilson F Rigler, MD

Mailing Address 14142 524th St

City

Centerville

State

IA

Zip Code

52544-8658

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	2	/	2	0	0	8

Transaction ID: C497252

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Robert R Rodak, DO

Mailing Address 6445 Pepper Ct

City

Erie

State

PA

Zip Code

16505-2673

FEC ID number of contributing
federal political committee.**C**Name of Employer
Hamot Health FoundationOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	3	/	2	0	0	8

Transaction ID: C502349

Amount of Each Receipt this Period

292.00

C.

Full Name (Last, First, Middle Initial)

Cynthia Corrine Romero, MD

Mailing Address 519 W 20th St Apt 308

City

Norfolk

State

VA

Zip Code

23517-1941

FEC ID number of contributing
federal political committee.**C**Name of Employer
Romero Family PracticeOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	3	/	2	0	0	8

Transaction ID: C502417

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1022.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Yvette L. Rooks, MD

Mailing Address 8317 Birchmere Ter

City

Ellicott City

State

MD

Zip Code

21043-7926

FEC ID number of contributing
federal political committee.**C**Name of Employer
University of Maryland Sc-
hool of MedicOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	0	8

Transaction ID: C503259

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Shirley Uhl Salvatore, MD

Mailing Address 10 Hastings Ct

City

Pueblo

State

CO

Zip Code

81001-1400

FEC ID number of contributing
federal political committee.**C**Name of Employer
St. Mary Corwin HospitalOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	0	8

Transaction ID: C503112

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Thomas D Sandager, MD

Mailing Address Riverview Ctr Marshfield Clin
1000 Starr Ave

City

Eau Claire

State

WI

Zip Code

54703-1891

FEC ID number of contributing
federal political committee.**C**Name of Employer
Marshfield ClinicOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	0	8

Transaction ID: C502081

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John Edward Sattenspiel, MD

Mailing Address 251 W Broadway #243

City

Eugene

State

OR

Zip Code

97401-2859

FEC ID number of contributing
federal political committee.

C

Name of Employer
Salem Family Physicians,
PC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 8

Transaction ID: C502182

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

Edward Jay Schwager, MD

Mailing Address 6941 N Chaparral PI

City

Tucson

State

AZ

Zip Code

85718-1234

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carondelet Medical Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: C503133

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Patricia Ann Sereno, MD

Mailing Address 10 Morgan Ave

City

Stoneham

State

MA

Zip Code

02180-3417

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hallmark Health

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.15

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 8

Transaction ID: C502183

Amount of Each Receipt this Period

45.63

SUBTOTAL of Receipts This Page (optional)

445.63

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kevin P Shaffer, MD

Mailing Address 637 Long Point Dr

City

Erie

State

PA

Zip Code

16505-5411

FEC ID number of contributing
federal political committee.

C

Name of Employer
SVHS

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: C503068

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Bakula Shukla Shukla Sheth, MD

Mailing Address 6005 Orion Rd

City

Louisville

State

KY

Zip Code

40222-5938

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 2 / 2 0 0 8

Transaction ID: C497177

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Linda Marie Siy, MD

Mailing Address 4133 Bilglade Rd

City

Fort Worth

State

TX

Zip Code

76109-5436

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of North Texas
Health Scien

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.15

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 8

Transaction ID: C502184

Amount of Each Receipt this Period

45.63

SUBTOTAL of Receipts This Page (optional)

660.63

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 66

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Patrick Brent Smith

Mailing Address 1315 N Jefferson St
Apt 220City State Zip Code
Jackson MS 39202-1764FEC ID number of contributing
federal political committee.**C**Name of Employer
University of MississippiOccupation
Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	6	/	2	0	0	8

Transaction ID: C503185

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Tobie-Lynn Smith, MD

Mailing Address 136 E Craig Pl # 1

City State Zip Code
San Antonio TX 78212-4395FEC ID number of contributing
federal political committee.**C**Name of Employer
Christus HealthOccupation
Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	6	/	2	0	0	8

Transaction ID: C503061

Amount of Each Receipt this Period

135.00

C.

Full Name (Last, First, Middle Initial)

Don A Solberg, MD

Mailing Address 716 E Manitoba Ave

City State Zip Code
Ellensburg WA 98926-3842FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.15

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	2	/	2	0	0	8

Transaction ID: C502190

Amount of Each Receipt this Period

45.63

SUBTOTAL of Receipts This Page (optional)

545.63

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kevin Eugene Steichen, MD

Mailing Address 2254 E 37th St

City

Tulsa

State

OK

Zip Code

74105-3432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omni Medical Group

Occupation

Family Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: C503070

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Keith L Stelter, MD

Mailing Address 101 Martin Luther King Dr

City

Mankato

State

MN

Zip Code

56001-6460

FEC ID number of contributing
federal political committee.

C

Name of Employer
ISJ/Mayo Health System

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: C503096

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Linda Gonzales Stogner, MD

Mailing Address Esperanza Family Health Ctr
PO Box 807

City

Estancia

State

NM

Zip Code

87016-0807

FEC ID number of contributing
federal political committee.

C

Name of Employer
Presbyterian Medical Services

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 8

Transaction ID: C502402

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Linda C Stone, MD

Mailing Address 397 Jessing Trl

City

Columbus

State

OH

Zip Code

43235-8409

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio State University Col-
lege of Medic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 8

Transaction ID: C502359

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Windel Stracener, MD

Mailing Address 1333 Hunters Pointe Dr

City

Richmond

State

IN

Zip Code

47374-7184

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inpatient Management Inc

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: C503093

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Glen R Stream, MD

Mailing Address 14408 E Sprague Ave

City

Spokane

State

WA

Zip Code

99216-2167

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockwood Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1305.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 2 / 2 0 0 8

Transaction ID: C502196

Amount of Each Receipt this Period

165.00

SUBTOTAL of Receipts This Page (optional)

895.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Sarah B Thomas, MD

Mailing Address 1273 E 1900th Rd

City

Eudora

State

KS

Zip Code

66025-9147

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Academy of Family
Physicians

Occupation

Communications Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 8

Transaction ID: C503025

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

David C Thorson, MD

Mailing Address Minnhealth
4786 Banning Ave

City

White Bear Lake

State

MN

Zip Code

55110-3264

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnhealth PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: C503098

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Timothy J Tobolic, MD

Mailing Address 7751 Byron Center Ave Ste A
PO Box 307

City

Byron Center

State

MI

Zip Code

49315-0307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Byron Family Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: C503092

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Daniel J Van Durme, MD

Mailing Address 7023 Dardwood Ln

City

Tallahassee

State

FL

Zip Code

32312-3511

FEC ID number of contributing
federal political committee.

C

Name of Employer
FSU College of Medicine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 8

Transaction ID: C502421

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Lloyd P Van Winkle, MD

Mailing Address 409 Madrid
PO Box 960

City

Castroville

State

TX

Zip Code

78009-0960

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.26

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 2 / 2 0 0 8

Transaction ID: C502202

Amount of Each Receipt this Period

33.18

C.

Full Name (Last, First, Middle Initial)

Tim Joseph Vega, MD

Mailing Address 209 W Columbia Ter

City

Peoria

State

IL

Zip Code

61606-1504

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Francis Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: C495072

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

898.18

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Thomas J Vinton, MD

Mailing Address 5609 S 170th St

City

Omaha

State

NE

Zip Code

68135-2257

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alegent Health

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 8

Transaction ID: C497111

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dana S Ware, MD

Mailing Address PO Box 1000

City

Chester

State

CA

Zip Code

96020-1000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: C503131

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

E Mark Watts, MD

Mailing Address 415 S Pollard St

City

Vinton

State

VA

Zip Code

24179-2502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cavilier Faculty Medicine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.15

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 2 / 2 0 0 8

Transaction ID: C502207

Amount of Each Receipt this Period

45.63

SUBTOTAL of Receipts This Page (optional)

1545.63

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Pamela Weaner, MD

Mailing Address 11 Colonial Dr

City

Jonestown

State

PA

Zip Code

17038-9256

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fredericksburg Community

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 8

Transaction ID: C503359

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Jane A Weida, MD

Mailing Address 1011 Handsome PI

City

Lititz

State

PA

Zip Code

17543-9708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hershey Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 8

Transaction ID: C502208

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Randell K Wexler, MD

Mailing Address 6040 Haybury Dr

City

New Albany

State

OH

Zip Code

43054-8691

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Ohio State University

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2375.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 8

Transaction ID: C502218

Amount of Each Receipt this Period

656.25

SUBTOTAL of Receipts This Page (optional)

1121.25

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 66

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Charles Henry Wile, MD

Mailing Address 311 Rolling Creek Cir

City

Irmo

State

SC

Zip Code

29063-8386

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	3	/	2	0	0	8

Transaction ID: C502366

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Patricia A Williams, MD

Mailing Address 110 S 9th St

City

Mayfield

State

KY

Zip Code

42066-2208

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	6	/	2	0	0	8

Transaction ID: C503118

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Jane Ann Williams-Vale, MD

Mailing Address 46 Middlesex Ave

City

Wilmington

State

MA

Zip Code

01887-2753

FEC ID number of contributing
federal political committee.**C**Name of Employer
Winchester Physicians Ass-
ociationOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.15

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	2	/	2	0	0	8

Transaction ID: C502224

Amount of Each Receipt this Period

45.63

SUBTOTAL of Receipts This Page (optional)

595.63

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Andy F Williamson, MD

Mailing Address 214 Ridge Cir

City

Dublin

State

GA

Zip Code

31021-3715

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 8

Transaction ID: C502329

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Steven Louis Wolfe, MD

Mailing Address University Of Iowa Hospitals
200 Hawkins Dr # 01286

City

Iowa City

State

IA

Zip Code

52242-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Of Iowa Hospit-
als

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: C503124

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

C Yurkewycz-Taras, MD

Mailing Address 4123 Copley Rd

City

Akron

State

OH

Zip Code

44321-1515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 8

Transaction ID: C502371

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

50008.69

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 66

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4612.12

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 8

Transaction ID: C494400

Amount of Each Receipt this Period

19.07

B.

Full Name (Last, First, Middle Initial)

American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4612.12

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 8

Transaction ID: C497255

Amount of Each Receipt this Period

492.34

C.

Full Name (Last, First, Middle Initial)

American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4612.12

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 8

Transaction ID: C503508

Amount of Each Receipt this Period

401.24

SUBTOTAL of Receipts This Page (optional)

912.65

TOTAL This Period (last page this line number only)

912.65

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 55 / 66

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852	Transaction ID: D72236 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 9 / 2 0 0 8</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>7.60</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D72237 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 1 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>31.00</div> <div>Category/Type</div>
C. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D72238 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 5 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>4.65</div> <div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

43.25

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852	Transaction ID: D73225 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 6 / 2 0 0 8</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>11.32</div>
B. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D73226 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 9 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>1.55</div>
C. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D73227 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 2 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>4.65</div>

SUBTOTAL of Disbursements This Page (optional)

17.52

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 57 / 66

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement

Bank card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D73228

Date of Disbursement

/ /

Amount of Each Disbursement this Period

42.42

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement

Bank card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D73229

Date of Disbursement

/ /

Amount of Each Disbursement this Period

7.75

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement

Bank card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D73230

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1.09

SUBTOTAL of Disbursements This Page (optional)

51.26

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 58 / 66

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852	Transaction ID: D73231 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 9 / 2 0 0 8</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>76.57</div>
B. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Transaction ID: D73232 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 3 0 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>176.86</div>
C. Full Name (Last, First, Middle Initial) Bank Of America Merchant Services Mailing Address WA2-505-01-40 PO Box 2485 City Spokane State WA Zip Code 99210-2485 Purpose of Disbursement Bank excessive transaction fee Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Transaction ID: D73233 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 3 0 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>15.75</div>

SUBTOTAL of Disbursements This Page (optional) ►

269.18

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 59 / 66

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bank Of America Merchant Services

Mailing Address WA2-505-01-40
PO Box 2485

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement
Bank card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D72234

Date of Disbursement

09 / 02 / 2008

Amount of Each Disbursement this Period

336.18

B.

Full Name (Last, First, Middle Initial)

Discover Network

Mailing Address P O Box 52145

City Phoenix State AZ Zip Code 85072-2145

Purpose of Disbursement
Credit card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D72235

Date of Disbursement

09 / 03 / 2008

Amount of Each Disbursement this Period

21.81

SUBTOTAL of Disbursements This Page (optional)

357.99

TOTAL This Period (last page this line number only)

739.20

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 60 / 66

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial)
DONNA CHRISTENSEN CAMPAIGN

Mailing Address 417 New Jersey Ave SE

City Washington State DC Zip Code 20003-4007

Purpose of Disbursement
Campaign contributionCandidate Name
Del. Donna M. ChristensenCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: VI District: 00

Transaction ID: D72246

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

Amount of Each Disbursement this Period

3500.00

B. Full Name (Last, First, Middle Initial)
JEANNE SHAHEEN FOR SENATE

Mailing Address PO BOX 1510

City MANCHESTER State NH Zip Code 03105

Purpose of Disbursement
Campaign contributionCandidate Name
Ms. Jeanne ShaheenCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ President
Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NH District:

Transaction ID: D72256

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial)
Linda Stender for Congress

Mailing Address PO Box 730

City Scotch Plains State NJ Zip Code 07076-0730

Purpose of Disbursement
Campaign contributionCandidate Name
Ms. Linda StenderCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 07

Transaction ID: D72254

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

13500.00

TOTAL This Period (last page this line number only)

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Academy of Family Physicians Political Action Committee

09 / 30 / 2008

State: MO District: 09

MM / DD / YYYY

State: NY District: 21

State: FL District: 12

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial)
EARL POMEROY FOR CONGRESS

Mailing Address PO Box 75214

City Washington State DC Zip Code 20013-0214

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Earl Pomeroy

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: ND District: 00

Transaction ID: D72251

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
NANCY PELOSI FOR CONGRESS

Mailing Address 235 Montgomery Street

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Nancy Pelosi

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 08

Transaction ID: D72250

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial)
NATHAN DEAL FOR CONGRESS

Mailing Address PO BOX 902
PO BOX 902

City GAINESVILLE State GA Zip Code 30503

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Nathan Deal

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 09

Transaction ID: D72247

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 63 / 66

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS</p> <p>Mailing Address 2021 E Dublin Granville Road Ste 2000</p> <p>City Columbus State OH Zip Code 43229</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. Patrick J. Tiberi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D72248</p> <p>Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) PEOPLE FOR ENGLISH</p> <p>Mailing Address PO BOX 1940</p> <p>City ERIE State PA Zip Code 16507</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. Philip S. English</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D72245</p> <p>Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 3000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) FRIENDS OF RAHM EMANUEL</p> <p>Mailing Address P.O. Box 101124</p> <p>City Chicago State IL Zip Code 60610</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. Rahm Emanuel</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 05</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D72252</p> <p>Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF ROSA DELAURO

Mailing Address 12 TRUMBULL STREET

City
NEW HAVENState
CTZip Code
06511Purpose of Disbursement
Campaign contributionCandidate Name
Rep. Rosa DeLauroCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District: 03

Transaction ID: D72249

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

UDALL FOR US ALL

Mailing Address 3311 CANDELARIA NE SUITE A

City
ALBUQUERQUEState
NMZip Code
87107Purpose of Disbursement
Campaign contributionCandidate Name
Rep. Tom UdallCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NM District:

Transaction ID: D72257

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Stivers for Congress

Mailing Address 81 S 5th St

City
ColumbusState
OHZip Code
43215-4323Purpose of Disbursement
Campaign contributionCandidate Name
Mr. Steve StiversCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: D72255

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

56500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City
Leawood

State
KS

Zip Code
66211-2672

Purpose of Disbursement
Refund of payment of operating expense.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D72265

Date of Disbursement

/ /

Amount of Each Disbursement this Period

441.93

SUBTOTAL of Disbursements This Page (optional)

441.93

TOTAL This Period (last page this line number only)

441.93

Image# 28992679899

Form/Schedule: SA15
Transaction ID: C494400

Permissible reimbursement from connected organization for bank/credit card processing fees.

Form/Schedule: SB29
Transaction ID: D72265

Refund of mistaken payment for operating expense by parent organization.